

FAX TRANSMISSION**RECEIVED
CENTRAL FAX CENTER****MS Amendment****SEP 23 2005****DATE:** September 23, 2005**PTO IDENTIFIER:** Application Number 09/331729-Conf. #2014
Patent Number**Inventor:** Frank Osan et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP

Ashley I. Pezzner

PHONE: (302) 658-9141**Attorney Dkt. #:** 05587-00343-US**PAGES (Including Cover Sheet):** 21**CONTENTS:** Fee Transmittal
Petition For Extension Of Time
Amendment In Response To Non-Final Office Action
Terminal Disclaimer by Applicant Attorney
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CENTRAL FAX CENTER

NO. 8040 P. 3

SEP 23 2005

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (PL. 108-187).</i> FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	09/331729-Conf. #2014
		Filing Date	August 26, 1999
		First Named Inventor	Frank Osan
		Examiner Name	J. L. Dote
		Art Unit	1756
TOTAL AMOUNT OF PAYMENT	(\$ 250.00)	Attorney Docket No.	05587-00343-US

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-2775</u> Deposit Account Name: <u>Connolly Bove Lodge & Hutz LLP</u>				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Rcissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

	<u>Small Entity</u>
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
- 20 =	x	=		Fee (\$)	Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
- 3 =	x	=		

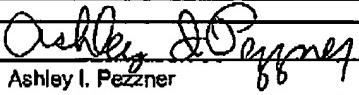
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	130.00
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer 1251 Extension for response within first month	120.00

SUBMITTED BY	
Signature	
Name (Print/Type)	Ashley I. Pezzner
Registration No. (Attorney/Agent)	35,646
Telephone	(302) 658-9141
Date	September 23, 2005

419760

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Application No. (if known): 09/331729

Attorney Docket No.: 05587-00343-US

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on September 23, 2005
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